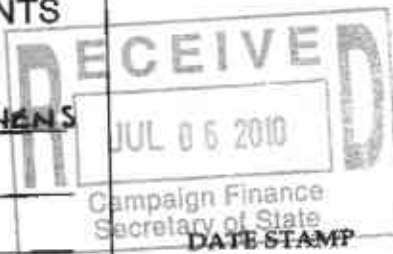


2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATEPolitical Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial ElectionName of Committee COMMITTEE TO RE-ELECT Jim KITCHENSAddress P.O. Box 448, CALEDONIA, MS 39740Telephone 662-356-0604

Fax \_\_\_\_\_

Treasurer JOANN KITCHENSEmail j+kjak523@bellsouth.net☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)..... Mandatory
- \_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory
- X July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
- \_\_\_\_ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory
- \_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- \_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2500 + \$ 350.00	\$ 2850.00	\$ 7350.00
Total amount of disbursements	\$ 144.00	\$ 144.00	\$ 144.00
Total amount of cash on hand		\$ 7,585.53	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or fax to 601-359-1499 or 601-676-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1

Name of Candidate or Committee TO RE-ELECT JIM KITCHENS  
 Reporting period JUNE 1 through JUNE 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ✓ MISSISSIPPI MEDICAL POLITICAL ACTION		6/8/10	\$ 2,500.00
Mailing Address COMMITTEE-STATE		___/___/___	\$
P.O. BOX 2548		___/___/___	\$
City, State, Zip Code RIDGE LAND, MS 39158		___/___/___	\$
Name of Employer (Required) N/A		___/___/___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 2,500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$